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DATE: January 12, 2004

PTO IDENTIFIER: Application Number 08/300510-Conf. #5007

Patent Number

Inventor: Malcolm L. Gefter et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: LAHIVE &amp; COCKFIELD, LLP

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PAGES (Including Cover Sheet): 16

CONTENTS: Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate);  
Amendment Transmittal (1 page);  
Amendment and Response to Final Office Action (10 pages)  
Fee Transmittal (1 page);  
Certificate of Transmission under 37 CFR 1.8 (1 page);  
Charge \$420.00 to deposit account 12-0080

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PTO/SB/22 (11-8-03)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) IMI-045	
In re Application of <b>Malcolm L. Gefter et al.</b>			
Application Number <b>08/300510-Conf. #5007</b>		Filed <b>September 2, 1994</b>	
For: <b>COMPOSITIONS AND METHODS FOR ADMINISTERING TO HUMANS, PEPTIDES CAPABLE OF DOWN REGULATING AN ANTIGEN SPECIFIC IMMUNE RESPONSE</b>			
Art Unit <b>1644</b>		Examiner <b>Saunders, David A.</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired).

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <b>420.00</b>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record. Registration Number \_\_\_\_\_  
☒ attorney or agent under 37 CFR 1.34(a)  
                     Registration number if acting under 37 CFR 1.34(a) 41.710

January 12, 2004  
Date

(617) 227-7400  
Telephone Number

*Jeanne M. DiGiorgio*  
Signature

Jeanne M. DiGiorgio  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-9306, on the date shown below.

Dated: January 12, 2004

Signature

(Jeanne M. DiGiorgio)